

# King County Accountable Community of Health

## Interim Leadership Council Meeting Summary

August 21, 2015, 1:00 p.m. – 4:00 p.m.

King County Elections Building, 919 SW Grady Way, Renton, WA

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### Members Present:

Nancy Backus (City of Auburn), Elizabeth “Tizzy” Bennett (Seattle Children’s Hospital), Doug Bowes (United Healthcare, delegate for Amina Suchoski), Elise Chayet (Harborview), Federico Cruz-Urbe (Sea Mar Community Health Centers, delegate for Teresita Batayola (International Health Services)), Steve Daschle (Southwest Youth and Family Services), Erin Hafer (Community Health Plan of WA), David Johnson (Navos), Adrienne Quinn (King County DCHS), Jorge Rivera (Molina, delegate for Laurel Lee), Caitlin Safford (Coordinated Care), Jeff Sakuma (City of Seattle, new member replacing Heidi Albritton), Rebecca Saldaña (Regional Equity Network)

### Members Not Present

Michael Brown (The Seattle Foundation), Molly Carney (Evergreen Treatment Services), Shelley Cooper-Ashford (Healthy King County Coalition), Jeff Harris, MD (UW School of Public Health), Patty Hayes (Public Health), Betsy Jones (King County), Tao Kwan-Gett, MD (Northwest Center for Public Health Practice), Kris Lee (Amerigroup), Betsy Lieberman (Betsy Lieberman Consulting), Gordon McHenry, Jr. (Solid Ground)

### Staff:

Gloria Albetta, Jennifer DeYoung, AJ McClure, Susan McLaughlin, Laurie McVay, Gena Morgan, Marguerite Ro, and Janna Wilson (King County), Wendy Watanabe (Watanabe Consultation)

### Guests:

Sarah Addison (Sea Mar Community Health Centers), Carolyn Bonner (Highline Medical Center), Amber Bronnum, (Group Health), Maureen Finneran (Washington Dental Service), Daniel Gross (Northwest Health Law Advocates), Kathleen Southwick (Crisis Clinic), Troy Treanor (Snoqualmie Valley Hospital), Trisha West (Evergreen Health), Ellie Wilson-Jones (Sound Cities Association), Andrea Yip (City of Seattle)

## Welcome, Meeting Goals, and Agenda Review

Gena Morgan welcomed leadership council members, delegates, and guests, including Jeff Sakuma, who will be City of Seattle’s ongoing representative replacing Heidi Albritton. Gena also acknowledged Keith Nagayama, Senior Counsel at ChangeLab Solutions, who traveled from California to share lessons learned from California’s Accountable Communities for Health (ACH) pilots. After introductions, Gena provided an overview of the primary goals for the day:

1. To begin to set the stage for upcoming Interim Leadership Council (ILC) governance discussions this fall by learning from a body of research conducted on ACH legal and governance considerations as part of California’s ACH development.
2. To consider approval of the King County region’s ACH designation portfolio for submission to the Health Care Authority (HCA).
3. To consider approval of changes to the ACH ILC charter which are being recommended by the community voice *ad hoc* committee to strengthen community/consumer inclusion.
4. To hear any brief updates on ACH developments from ILC members coming from their sectors as well as from any interested parties during the public comment period.

## ACH Developments – Check-in

Tizzy Bennett noted the Regional Health Improvement Plan (RHIP) work group met the day prior. Gloria Albetta added that the meeting, their second, provided an opportunity for members to get to know one another. Discussion centered on the questions of a framework for RHIP intent and phases of work.

## Presentation & Discussion of ACH Legal and Practical Considerations

Gena explained that at the first ILC meeting, several members expressed a desire to understand how new regional structures and ACH-related collaboratives were evolving in other parts of the country – what might we learn? To that end Keith Nagayama, Senior Council at ChangeLab Solutions, was invited to present an overview of their research into ACHs around the country. In addition to speaking with the ILC, Keith conducted a session earlier in the morning that about 40 other interested stakeholders participated in, both from King County and from around the state. Although California’s approach to ACH design differs from Washington’s in some important ways, some applicable lessons and a framework for thinking about governance and infrastructure may be helpful.

ChangeLab Solutions (CLS) conducted research on existing collaborative efforts to improve population health, researched applicable federal and California law that could impact the development and ultimate sustainability of an ACH, and engaged legal experts to assess both legal and practical considerations for creating an ACH. (Please see Keith’s slide deck for further details).

Keith presented a framework that showed how they explored the strengths and challenges of different types of entities to fulfill various ACH roles (the key “choice points”) against a set of principles. He noted that from his view there wasn’t a clear-cut way to set up an ACH structure – much of that has to do with the specific community, what roles different organizations play, and levels of trust. Questions and discussion among the ILC touched on issues of engagement, funding, conflicts of interest, geographic size, transparency, and the different dynamics at play if administering resources (such as a wellness fund or waiver funds).

## Public Comments

There were no public comments.

## King County ACH Designation Application

The ILC next took up the matter of submitting the ACH readiness proposal to the Health Care Authority (HCA), which, if approved, would result in the emerging King County ACH structure being “designated” as the King County ACH. Designation would recognize the existing structure (even in its formative stage) in King County, and enable the region to access additional resources to continue ACH development. Activities for this next phase of development, called Phase 1, would be a continuation of the ACH work already in progress (e.g. governance, backbone capacity development, budget accountability structures, sustainability, RHIP, etc.).

A draft readiness proposal was initially shared with the ILC on July 31. Comments were received from one ILC member that primarily contained suggestions to include additional examples to strengthen the application. The August 14 draft is now under consideration for approval by the ILC.

Before checking for consensus, Gena opened the floor for member comments, issues, or questions about the application or the process.

- It was asked if any other entity was vying to become the ACH. Janna replied that since the planning process was set up by the HCA last year, she was not aware of any other organizing of a cross-sector group for this purpose. She reminded the group that the current structure will continue to evolve. One member noted appreciation for staff’s efforts at transparency, including making the application available to the public.

- A visual temperature check via a thumb vote resulted in one sideways thumb, indicating an issue or concern. The concern was a request to clarify that everyone held the same understanding that designation was not suggesting or implying that the current ACH structure had the capacity and infrastructure to manage Medicaid waiver funds. Staff affirmed this understanding.
  - Gena noted that designation does not cement the current governance and structure, especially as the 1115 waiver adds so much uncertainty around a potentially expanded role of the ACHs. Designation is an indication of readiness to move into a next phase of development. The group also noted that the work of the ILC does not need to come to a hard stop at the end of 2015, and in fact moving to designation status comes with work expectations that would carry into 2016. More discussion is needed about continuing the work into next year.

With those issues clarified, the ILC signaled its consensus on moving forward to submit the application for designation. Further, the ILC indicated that it was supportive of having the application cover letter signed by Gena Morgan, as the Senior Program Manager of the King County ACH, on behalf of the ILC members.

The majority of the members not present had communicated their support to staff prior to the meeting. The one member whose vote had not been received would be notified and any concerns they might have would be discussed with staff.

## Proposed Changes to the ACH Charter

Gena commented that the Consumer/Community Voice *ad hoc* Committee (CCV) has met three (3) times. Wendy Watanabe has facilitated the meetings and briefly reviewed the process taken up by the group. Rebecca Saldaña then walked the ILC through the proposed changes to the charter.

- 1) The language revisions involving values emphasize the community members' role and presence in shaping ACH decisions, not simply providing input. They specify accountability to community members impacted by the ACH work. The CCV suggested an additional value which would read:
 

*"Accountable to the individuals in the community who experience health and health-related inequities and who most need and will be impacted by the ACH's work"*
- 2) In keeping with the sectors already listed for ILC membership, the CCV suggested that an additional sector, "community member(s) impacted by health/health-related inequities," be added. Recruitment should be taken up as soon as possible, recognizing that the seat may not be filled until after the ILC gives way to a subsequent structure given the time it can take. However, the CCV felt it was important to hold a place for this voice.
- 3) So that the community is represented at all levels of the ACH ILC, the CCV recommends adding an additional seat on the Steering Committee (SC) for an ILC community member representative.
- 4) Officially add the CCV as an *ad hoc* committee to continue thinking through the issues and to support/sustain community members' participation.

In its overview document, the CCV provided "other recommendations" to use multiple methods to include community perspectives and to provide financial support for community inclusion.

Questions and comments from the members included:

- Whether or not the "other recommendations" provided by the CCV should also be officially adopted into the charter. General consensus was that trying to include those recommendations in the charter would be overly tactical for this type of document. The revised language proposed provides the flexibility needed to be able to adjust as needs arise.

The ILC had unanimous consensus to amend the charter to include the language as proposed. They also took an action to endorse the CCV's "other recommendations" and asked that this also be recorded in the meeting summary.

## Questions Related to Staff Report

Gena asked for any comments or questions about the staff report and flagged a few key items within it.

- During August and September, staff will be working with the Steering Committee (SC) on a consultant RFP. As discussed at the July meeting, the consultant will help tee up ILC sessions related to ACH governance.
- Staff will also work with the SC on reviewing the RFP and the selection process.
  - Gena invited any ILC members who have a strong interest in being involved in the process to contact her.
- Gena thanked members for their responses to the inquiry about potentially drafting a joint comment letter to the Centers for Medicare and Medicaid Services (CMS) responding to Washington State's application for an 1115 Medicaid Waiver (global waiver or 1115 waiver) and asked Janna to comment on next steps.
  - Janna noted the majority of ILC members supported the idea but a few wanted more parameters. The SC will take up the action of developing parameters and drafting a letter for review at the next ACH ILC meeting in September.
  - There was a brief discussion regarding the timing of the joint letter submission and the application negotiations that will take place between the CMS and the HCA. It was determined that if the HCA submits its application on August 24 as planned, CMS would reply by September 8 and indicate whether or not they will enter into negotiations with the HCA. At that point, a 30-day federal comment period would begin when CMS will receive public comments regarding the HCA application. At the point the ILC works on a comment letter, it is expected that it would not yet have insights into what questions CMS may be raising with the state.
  - It was asked if there was any movement among all the ACHs statewide to work on a joint comment, and Janna responded no, there was not.
- Healthier Washington hosted an all-day ACH Waiver Summit on August 10 for representatives of ACH regions statewide. Gena noted that, in addition to herself and Janna, Elise Chayet attended the session and asked her to comment.
  - Elise noted there were a lot of open questions from the session; that all are struggling with clarifying the proposed roles of different entities such as ACHs, MCOs, BHOs, and others. More clarification from the state would be helpful.
  - Federico Cruz-Urbe, who also attended the ACH Waiver Summit, commented that the state sees the ACH development timeline and 1115 waiver timeline as connected, and their intent is to have a correlated ACH/1115 waiver timeline.
  - Janna noted that, at some point, it appears the state would look to the ACHs to decide whether or not they will evolve into the role of managing the 1115 waiver Initiative 1 funds or if there would be another entity needed to fulfill that role.
  - Discussion among members continued, touching on topics such as level of risk, legal status implications, and conflict of interest issues. It appears that HCA will be continuing to engage with ACHs to talk about their proposed role in the waiver.

## Close and Next Steps

- Staff will finalize the designation packet and submit it to the HCA around August 28. The final version of the application will be posted on the website. Only minor "housekeeping tweaks" will be made to the final version (e.g. including the meeting summary from the August 21 ILC meeting and replacing certain drafts of other documents with final versions).

- The Steering Committee meets on August 31 and will take up:
  - The September 10 agenda
  - Approach to drafting the joint letter to CMS
  - Reviewing a draft RFP for a consultant

The next meeting is scheduled for September 10, at the King County Elections Building beginning at 1:00 p.m.

**Meeting adjourned at 3:56 p.m.**